

HEALTH AND SENIOR SERVICES

DIVISION OF HEALTH CARE SYSTEMS ANALYSIS

Notice of Administrative Corrections to Proposal

Hospital Licensing Standards

Infection Control

Infection Control Patient Services

Proposed Amendments: N.J.A.C. 8:43G-14.6, 14.7 and 14.8

Take notice that the Department of Health and Senior Services has discovered an error in the notice of proposal of amendments, repeals and new rules in N.J.A.C. 8:43G, Hospital Licensing Standards, concerning infection control, published in the July 7, 2003 New Jersey Register at 35 N.J.R. 2847(a). The notice of proposal mistakenly identified N.J.A.C. 8:43G-14.6, Infection control patient services, as being proposed for repeal. The Department's intention was instead to delete N.J.A.C. 8:43G-14.6(a), and recodify the subsequent subsections. Through this notice, the Department is correcting the notice of proposal to include in its Summary a description of the amendment to N.J.A.C. 8:43G-14.6, and to include the text of that amendment in the proposed rule text. As the corrected Summary discussion concerning the deletion of N.J.A.C. 8:43G-14.6(a) relates that that subsection's requirements are relocated to N.J.A.C. 8:43G-14.1(d)1iii(1) through (5), the second sentence in the published Summary paragraph discussing current N.J.A.C. 8:43G-14.7(b) and 14.8 relating this information has been deleted as redundant. In addition, the Summary discussion of N.J.A.C. 8:43G-14.7 and 14.8, and the proposed rule text concerning those sections, which reflected recodification of those sections due to the repeal of N.J.A.C. 8:43G-14.6, are revised to reflect the retention of that section.

Take further notice that the Department is extending the public comment period on the notice of proposal, only in relation to comments on the proposed amendment to N.J.A.C. 8:43G-14.6 set forth in this notice, to October 17, 2003. Submit written comments on that amendment by that date to:

John A. Calabria, Director
Certificate of Need and Acute Care Licensure Program
PO Box 360, Room 403
Trenton, New Jersey 08625-0360

This notice of administrative correction is published pursuant to N.J.A.C. 1:30-2.7.

Full text of the corrected proposal Summary discussion concerning N.J.A.C. 8:43G-14.6, 14.7 and 14.8 follows (see 35 N.J.R. 2847(a), at 2850):

N.J.A.C. 8:43G-14.6(a)1 through 5, which requires compliance with current Centers for Disease Control (CDC) publications, that are incorporated by reference, are proposed for deletion. Compliance with the guidelines contained in each of these CDC publications has been relocated to proposed N.J.A.C. 8:43G-14.1(d)1iii(1) through (5). N.J.A.C. 8:43G-14.6(b) through (e) are proposed to be recodified as (a) through (d).

N.J.A.C. 8:43G-14.7(b) and 14.8 are amended to change "infection control practitioner" to "infection control professional," and "quality assurance" to "quality improvement."

N.J.A.C. 8:43G-14.8 is amended to refer to infection control "professional" rather than "practitioner." In addition, language is added to clarify that quality improvement activity oversight is the responsibility of the continuous quality improvement program.

Full text of the corrected proposal rule text of N.J.A.C. 8:43G-14.6, 14.7 and 14.8 follows (see 35 N.J.R. 2847(a), at 2856) (additions to current rule text indicated in boldface thus; deletions from current rule text indicated in brackets [thus]):

8:43G-14.6 Infection control patient services

[(a)] The hospital shall comply with all Category 1 measures of the following Centers for Disease Control current publications, incorporated herein by reference, unless the infection control committee makes a documented exception for a specific guideline:

1. Guidelines for Prevention of Catheter-Associated Urinary Tract Infections;
2. Guidelines for Prevention of Intravascular Infections;
3. Guidelines for Prevention of Surgical Wound Infections;
4. Guidelines for Prevention and Control of Nosocomial Pneumonia; and
5. Guidelines for Handwashing and Hospital Environmental Control.]

[(b)] (a) (No change in text.)

[(c)] (b) As soon as a patient's medical condition permits, every patient aged 65 years or older shall be provided the opportunity to receive vaccination against pneumococcal disease, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control in effect at the time of vaccination, incorporated herein by reference. (See CDC address in [(b)1] (a)1 above.) Receipt of the vaccination shall be documented on the patient's chart and made a part of the patient's permanent hospital record. Prior to administration of the vaccination, diligence shall be exercised to determine whether the patient has received the pneumococcal vaccination within the preceding 10 years.

Recodify existing (d) and (e) as (c) and (d) (No change in text.)

8:43G-14.7 Infection control staff education and training

(a) (No change.)

(b) The infection control [practitioner] professional shall coordinate educational programs to address specific problems, as recommended by the Centers for Disease Control and Prevention, or at least annually for staff in all patient care areas and services.

(c) Orientation for all new employees shall include infection control practices [for] related to blood and body fluid precautions (that is, personal protective equipment), isolation practices, tuberculosis education, and use of protective vaccines. Additional orientation shall be directed to the employee's specific area of service [and the rationale for the practices].

8:43G-14.8 Infection control continuous improvement methods

The infection control [practitioner] professional shall develop and implement a program of continuous quality improvement that is integrated into the hospital continuous quality improvement program and includes regularly collecting and analyzing data to help determine the effectiveness of infection control practices. When corrective actions need to be taken based on data collected, the infection control committee shall recommend, implement, and monitor those actions. The infection control [committee] program shall supervise these continuous quality improvement activities. These quality improvement activities shall be overseen by the continuous quality improvement program (See N.J.A.C. 8:43G- 27, Continuous Quality Improvement).